Malnutrition in Maharashtra

2093. SHRI SANTOSH BAGRODIA:
SHRI GIREESH KUMAR SANGHI:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether Government have taken cognizance of alarming increase in child mortality in the tribal areas of Maharashtra due to serious malnutrition and dismal condition of the health infrastructure in these Districts;

(b) whether similar situation is replicated in other parts of the country;

(c) whether Government have made any assessment of the shortcomings of the anganwadis;

(d) if so, the details and what steps are being taken to improve the material and human resources of anganwadis and child health care; and

(e) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI RENUKA CHOWDHURY): (a) and (b) As per Sample Registration System (SRS) data published by Registrar General and Census Commissioner of India (RGI), Infant Mortality Rate (IMR) in Maharashtra declined from 42 in 2003 to 36 in 2004 per thousand live birth. Similarly, the percentage of underweight children declined from 53.4% in 1992-93 {National Family Health Survey-1} to 47% 1998-99 {National Family Health Survey-2} in the country. In the State of Maharashtra, prevalence of underweight children declined from 54.2% to 49.6% during this period. District-wise data is not available either in SRS or NFHS.

The work related to third National Family Health Survey is underway at present and results are expected to be known by the end of this year.

(c) to (e) National Council of Applied Economic Research (NCAER) conducted a Rapid Facility Survey of infrastructural facilities in about 3 lakh Anganwadi Centres in 2004. The report submitted by NCAER has, *inter alia*, brought out that.

> More than 46% anganwadis were running from pucca buildings, 21% from semi pucca building, 15% from kutucha building and more than 9% from open space.
>
> 27% anganwadis do not have any drinking water facility.

More than 45% anganwadis have no toilet and 40% have the facility of only urinal.

Nearly three-fourth of Anganwadi Centres have baby weighing scales.

Nearly 60% anganwadis have tumblers & plates.

Right from its inception, the Scheme envisages that accommodation for Anganwadis will be provided by the local community. In case, however, such facility is not available, a room can be rented also for the purpose. However, Government has, as a special case, sanctioned construction of 20,000 Anganwadi Centres in North Eastern States out of the budget earmarked for the North-Eastern Region. Construction of 33,272 Anganwadi buildings has also been sanctioned under the World bank assisted ICDS Projects. The rent for Anganwadi Centres has almost been doubled recently. The States have been advised to provide toilet and safe drinking water facilities through convergence with the Accelerated Rural Water Supply/Swajaldhara Scheme and Total Sanitation Campaign Programme of the Department of Drinking Water Supply. For all other inputs, funds, as per approved norms, are being provided to the States by the Central Government under the Scheme.

Out of 5652 ICDS Projects sanctioned by the end of IX plan, 763 Projects were in tribal areas.

In pursuance of its commitment, as enunciated in the National Common Minimum Programme, the Government has sanctioned 466 ICDS Projects, including 46 in tribal areas. These Projects are expected to become operational this year.

For improvement of public health infrastructure, Government has launched National Rural Health Mission in April, 2005.

All these measures are expected to improve the nutritional status & reduce mortality amongst children in the country including those of children in tribal areas.

ICDS workers

2094. SHRI MATILAL SARKAR: Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) the number of ICDS workers in different States and Union Territories category-wise;